

# FEEDBACK – It is more than a sandwich.



## Feedback Quiz:

You are coaching a college tennis player and you observe that he gets a third of his first serves in. Effective feedback would be:

- A) "Good job."
- B) "You are being too timid."
- C) "Get your act together."
- D) Roll your eyes, look at your watch and move on
- E) "You need to improve your serve."
- F) "You'll win 90% of the points when you make your first serve."
- G) "You are tossing the ball behind your head. I want you to practice tossing the ball straight up."

Feedback is a method of relaying information describing students' or house officers' performance in a given activity that is intended to guide their future performance. The ultimate goal for all of us involved in medical education is to use feedback to improve clinical skills. "Without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically, or not at all." [Ende, J]

Feedback and evaluation are often used interchangeably, which is a mistake and can cause confusion. Feedback presents information, not judgment of a performance. It is used to allow the student or resident to align himself or herself with achieving a goal. Evaluation, on the other hand, is summative and is an expression of the overall performance of the resident or student.

## Types of feedback:

### BRIEF

- 2–5 minutes
- In the context of everyday work
- Most effective

### MAJOR

- 10 – 30 minutes
- Scheduled
- Typically at mid-point and at end of rotation

## Examples of good/bad feedback:

"Your social history of the pancreatitis showed you understood the pathophysiology and allowed us to focus more on biliary tract disease and less on alcoholism."

**vs.**

"You took a decent history."

"I think your case presentation would be improved if you spoke more slowly and repeated key features"

**vs.**

"Your accent is hard to understand."

For other opportunities in faculty development, visit the School of Medicine website:

<http://www.uchsc.edu/som/faculty/seminars>

Topic ideas for the next newsletter?  
Contact Bobbi Siegel at

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## Feedback in the Clinical Setting

### Intention and climate

- If the student or resident is aware this will happen, he/she will be prepared for the encounters.
- Set an appropriate time and location
  - Well-timed (as closely tied to the event or incident – good or bad – as possible)
  - Brief feedback that occurs frequently in the context of work flow is most effective
- Teacher and student are allies and share common goals

### Elicit self-reflection

- Self-assessment is at the heart of practice-based learning
- This allows the student/resident to take ownership of this process
- Be a good listener

### Diagnosis and feedback

- First-hand information
  - Descriptive, non-evaluative, non-judgmental language based on specific observations
  - This includes both Reinforcing Feedback and Corrective Feedback
- Regulated in quantity
- Choose action or behavior that the individual can do something about

### Improvement plan

- Improvements are more likely to happen if initiated by student/resident
- Give your suggestions
- Have student/resident repeat the plan back to you to ensure understanding

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## References

Ende, J: Feedback in Clinical Medical Education. *JAMA* 1983; 250(6): 777-781.

Hewson, M, Little M: Giving Feedback in Medical Education – Verification of Recommended Techniques. *J Gen Intern Med* 1998; 13:111-116.

Epstein R: Assessment in Medical Education. *NEJM* 2007; 356: 387-396.

Norcini J, Burch V: Workplace-based assessment as an educational tool: AMEE Guide No. 31. *Medical Teacher* 2007; 29: 855-871.

For more information on feedback, Anita Glicken (Associate Dean for Physician Assistant studies and the Director of the CHA/Physician Assistant Program) has suggested the following website: [http://www.nes.scot.nhs.uk/Courses/ti/ti\\_index.htm](http://www.nes.scot.nhs.uk/Courses/ti/ti_index.htm).